## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alison D. Wilson	) I hereby certify that this paper is
	<ul><li>being electronically deposited with</li><li>the United States Patent and</li></ul>
Serial No.: 10/697,675	Trademark Office on this date:
20114111011 10,051,072	)
	)
Filed: October 29, 2003	October 31, 2007
	)
For: METHODS AND APPARATUS TO	)
MONITOR THE INVENTORY OF A	)
FOOD STORAGE UNIT	)
TOOD STOICTOE CIVIT	) /Daniel J. Glitto/
	Daniel J. Glitto
Group Art Unit: 2876	) Registration No.: 58,996
	) Attorney for Applicant

## AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Examiner: Walsh, Daniel I.

Sir:

Transmitted herewith is a response to the non-final official action pending in the above application.

1.	Small	Small Entity Status						
		Small entity	tement(s) claiming small entity st y status has been established and i	,				
2.	Exten	ision of Time	en established.					
		This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:						
	EXTEN	ISION	FEE FOR LARGE ENTITY	FEE FOR SMALL ENTITY				

EXTENSION (Months)	FEE FOR LARGE ENTITY   FEE FOR SMALL		SMALL ENTITY	
One Month		\$120.00		\$60.00
Two Months		\$460.00		\$230.00
Three Months		\$1,050.00	X	\$525.00
Four Months		\$1,640.00		\$820.00
Fifth Month		\$2,230.00		\$1,115.00

If an additional Extension of Time is required, please consider this a petition therefor.

An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee: \$525.00

**Extension Fee Due With This Request \$525.00** 

## 3. Fee for Claims

☐ The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		est No. y Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	6	MINUS	19	= 0	x25=	\$	x50=	\$
INDEP.	1	MINUS	4	= 0	x105=	\$	x210=	\$
First Presentation of Multiple Dependent Claim			+180=	\$	+360=	\$		
TOTAL ADDITIONAL FEE				\$0	OR	\$		

4. Method of Payment of Fees
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	Charge Deposit Account No. 50-2455 in the amount of:	\$0.00
$\boxtimes$	Electronic Funds Transfer	\$ 525.00
	No Payment Due	

## 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC USPTO Customer Number 34431 150 South Wacker Drive Suite 2100 Chicago, Illinois 60606 (312) 580-1020

By: /Daniel J. Glitto/

Daniel J. Glitto Registration No.: 58,996

Attorney for Applicant